

VERIFICATION OF EDUCATIONAL ASSISTANCE INCOME

Date:	_			
Acc	Account Name			
Acc	count Number			
O: ATTN: Financial Aid Officer				
require verification of educational assistance	nt/recipient of health coverage. Federal regulations ce income received by students. Your institution is bunt of income and the educational expenses of the			
Thank you for your assistance and cooperation	on.			
	chCare for Kids 377-427-3224			
tuition, mandatory fees, other costs assessed	tion concerning my educational assistance income, by the institution and student status to PeachCare for sed to determine my household's or an individual verage.			
Student Signature and Identification Number	- r			
Student:	SSN:			

List the student's sources of education assistance. (Include any PELL, BEOG, SSIG, Perkins, HOPE, Grants, Scholarships, Fellowship, Internships, Work Study Programs, etc.)

SOURCE	AMOUNT	PERIOD OF TIME COVERED FROM TO		List type of expense and amounts of money specifically earmarked	List the amount used for living expenses
				-1	1

INTERNSHIPS ONLY
If the student is in an internship program, does the student receive earned income/wages and educational
assistance? Is the student considered to be an employee and/or a student? Please explain below.
WORKSTUDY (Note: For work study programs, the student must be approved for the program and actually working during the school term.)
Has this student been approved for state or federally financed work-study? Yes No
School term of student work-study program:
Work-study start date: End date:
Signature of School Official Completing This Form:
Title: Telephone #
Date: